

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			10-29-01
O.I.P.E. CLASSIFIER	8	03/05/01	
FORMALITY REVIEW	949	3/13/01	
RESPONSE FORMALITY REVIEW	780	6-6-01	

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	Original
1	10-29-01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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